A presentation opposing enactment of any Montana Law authorizing physician assisted suicide.

Zel Brooks, M.S., Counseling Psychology, U.S.C., 1968

- During my 29-year, largely inpatient practice of psychotherapy in California, I treated several thousand depressed patients. Most of them suffered suicidal ideation and many attempted suicide, a few successfully. I learned early on that the most effective therapy for depression is activity, especially when coupled with socialization. Talk therapy and medication can be effective, but far less so without social and physical activity.
- The demographics chart for 2011 on national suicide statistics shows Montana ranked third, behind Wyoming and Alaska, with 227 suicides. But the math is misleading because all three of these states are essentially tied at a suicide rate of 23 per 100,000 population. In Montana, as elsewhere, 75-80% of successful suicides are by men.
- The 2012 figure for total MT suicides is given by Cindy Uken in the Billings Gazette (11/25/12) as 452, which would be a rate of 45/100,000. The true figure must be more like 245, or 24.5/100,000.
- Uken quotes Matt Kuntz, MT chapter director for the National Alliance on Mental Health: "Montana's suicide epidemic is a public health crisis." This is tragically true, but Kuntz also says that the reasons for (MT) suicide "go beyond the idea of the state having a cowboy culture." I maintain that it doesn't go very far beyond "cowboy mentality," i.e. the rugged, rigid mindset which refuses to admit the need for personal help. There is much to love about our last best place, but avoidance of medical or counseling help is neither honorable nor sensible.
- The plain fact is that MT has, for many years, been a national "leader" in suicide rates, largely due to its high percentage of aging, infirm males.
- The current attempt to legalize physician assisted suicides is a thrust by well-intentioned persons to 'ennoble' the enabling of terminally hostile behavior by confused, depressed people whose depression is treatable.
- Should my mention of hostility confuse you, you are not alone. Suicidal thoughts and acting out are largely misunderstood, even within the professional community. The simple, not simplistic, view of suicide is that it is masks hostility. And the clearest expression of this came to me from a male patient forty years ago in the form of a gift at our final session. The accompanying sketch of that toy pistol is a classic reminder of male depression and, to a lesser degree, of female depression also.